

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Leonard Russ

Signature of Treasurer

Electronically Filed by Mr. Leonard Russ

Date

0 1

2 8

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 32

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		121831.57
(b) Cash on Hand at Beginning of Reporting Period	157126.09	
(c) Total Receipts (from Line 19)	12276.30	841471.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	169402.39	963303.14
7. Total Disbursements (from Line 31)	40505.25	834406.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128897.14	128897.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 32

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11452.44	752506.13
(ii) Unitemized	823.86	78965.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12276.30	831471.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12276.30	841471.57
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12276.30	841471.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12276.30	841471.57

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	755.25	15186.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	755.25	15186.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39750.00	819220.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40505.25	834406.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40505.25	834406.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 32

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12276.30	841471.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12276.30	841471.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	755.25	15186.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	755.25	15186.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Terry Bane

Mailing Address 1469 Humboldt Rd
175

City	State	Zip Code
Chico	CA	95928-9116

FEC ID number of contributing
federal political committee.

C

Name of Employer
PresidentOccupation
Riverside Health Care Corp.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: C811714

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City	State	Zip Code
League City	TX	77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baywind VillageOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: C815155

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCAOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C814256

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820292

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jim Cooper

Mailing Address PO Box 506

City

Melbourne

State

AR

Zip Code

72556-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooper Management Corpora-
tion

Occupation
Administrato

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: C810283

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Gregory J. Elliot

Mailing Address AMFM, Inc.
240 Capitol Street

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM, Inc.

Occupation
IT Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: C811710

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)

392.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCAOccupation
Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C814257

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCAOccupation
Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	9

Transaction ID: C820293

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciationOccupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C814258

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

59.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820294

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrace Healthcare Center,
Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: C815154

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Debbie Goswick

Mailing Address PO Box 9559

City

Huntsville

State

TX

Zip Code

77340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Acres of Huntsville

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: C811712

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1519.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814260

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW
#407

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820296

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgcrest Drive

City State Zip Code
Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.21

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814297

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

58.47

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: C820300

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Walter J. Hekimian

Mailing Address 15099 Mission Hills Road

City

Mission Hills

State

CA

Zip Code

91345-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ararat Nursing Facility

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C814254

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Norm Hyatt

Mailing Address 5102 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyatt Management Corp.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: C815156

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

788.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City

Arlington

State

TX

Zip Code

76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care Centers Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820380

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.56

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814298

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.56

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: C820301

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

104.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Langevin, Jr.

Mailing Address 4 AAA Drive
Suite 203

City State Zip Code
Hamilton NJ 08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Association
of New Jersey

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C820463

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814299

Amount of Each Receipt this Period

90.63

C.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City State Zip Code
Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820302

Amount of Each Receipt this Period

90.63

SUBTOTAL of Receipts This Page (optional)

681.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814300

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820303

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22

City

Washington

State

DC

Zip Code

20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814301

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

51.54

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW
Apt 22City State Zip Code
Washington DC 20008-2436FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCAOccupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: C820304

Amount of Each Receipt this Period

11.54

B.

Full Name (Last, First, Middle Initial)

Wade Peterson

Mailing Address MedCenter One Care Center
201 14th Street NWCity State Zip Code
Mandan ND 58554-2063FEC ID number of contributing
federal political committee.

C

Name of Employer
MedCenter One Care CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C813686

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Emmett Reed

Mailing Address Florida Health Care Association
PO Box 1459City State Zip Code
Tallahassee FL 32301FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Health Care Assoc-
iationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: C813684

Amount of Each Receipt this Period

334.00

SUBTOTAL of Receipts This Page (optional)

595.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shari Richey

Mailing Address Southwood Nursing & Rehabilitation
200 Southwood Drive

City State Zip Code
Henderson TX 75652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwood Nursing & Rehab-
ilitation Cen

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814253

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: C811667

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAL

Occupation
Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814303

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr
PAYROLL DEDUCTION

City State Zip Code
Burke VA 22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAL

Occupation
Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: C820306

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

John Kennon Shea

Mailing Address 5120 Rockridge Rd.

City State Zip Code
La Mesa CA 91941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon S. Shea & Associat-
es

Occupation
Healthcare Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: C815063

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814304

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

5021.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820307

Amount of Each Receipt this Period

11.54

B.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.23

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814305

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.23

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820308

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

50.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ruth Stelly

Mailing Address 325 Bacque Crescent Drive

City

Lafayette

State

LA

Zip Code

70503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: C811713

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Harvey Tettlebaum

Mailing Address 56295 Little Moniteau Road

City

California

State

MO

Zip Code

65018-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Husch & Eppenberger, LLC

Occupation

lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: C814255

Amount of Each Receipt this Period

101.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

11452.44

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D91984

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

553.28

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D91983

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

201.97

SUBTOTAL of Disbursements This Page (optional)

755.25

TOTAL This Period (last page this line number only)

755.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Stephens for Congress	Transaction ID: D91930 Date of Disbursement																				
Mailing Address 2300 Bethelview Road Suite 110-450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City Cumming State GA Zip Code 30040	Amount of Each Disbursement this Period																				
Purpose of Disbursement Voided Contribution of 6/26/2009	<table border="1"> <tr> <td>-2500.00</td> </tr> </table>	-2500.00																			
-2500.00																					
Candidate Name Stephens for Congress	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) Country First Political Action Committee, Inc.	Transaction ID: D90847 Date of Disbursement																				
Mailing Address 228 S Washington Street Suite 115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal PACs	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Country First Political Action Committee, Inc.	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
C. Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: D90843 Date of Disbursement																				
Mailing Address 424 C Street NE Basement UNIT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions To Federal PACS/Committees	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name FREEDOM PROJECT; THE	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 32

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bill Pascrell, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: D90680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Charles A. Gonzalez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: D90848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Charles W. Boustany, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D90290

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address PO Box 15395

City
RochesterState
NYZip Code
14615Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Christopher J. LeeCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D90689

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

CHRIS LEE FOR CONGRESS

Mailing Address PO Box 15395

City
RochesterState
NYZip Code
14615Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Christopher J. LeeCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: D90690

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City
FargoState
NDZip Code
58106Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Earl PomeroyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D90681

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Frank Pallone, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D90289

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908-12 Cincinnati Dayton Road

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John A. Boehner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D90298

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

ADLER FOR CONGRESS

Mailing Address 14 KNIGHTSWOOD DRIVE

City
MARLTON

State
NJ

Zip Code
08053

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John H. Adler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: D90294

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **VOLUNTEERS FOR SHIMKUS**

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D90846

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial) **COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joseph Courtney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D90688

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial) **Lincoln Davis for Congress**

Mailing Address PO Box 2002

City Pall Mall State TN Zip Code 38577

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lincoln Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: D90691

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lynn Jenkins

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: D90685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Marsha Blackburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D90844

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon Street

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael H. Michaud

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: D90292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City
HICKORYState
NCZip Code
28603Purpose of Disbursement
Voided Contribution of 5/14/2009Candidate Name
Rep. Patrick T. McHenryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: D91924

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
CharlestonState
WVZip Code
25339Purpose of Disbursement
Voided Contribution of 6/24/2009Candidate Name
Rep. Shelley Moore CapitoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D91929

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Amount of Each Disbursement this Period

-500.00

C.

Full Name (Last, First, Middle Initial)

STEVE AUSTRIA FOR CONGRESS

Mailing Address 2537 Obetz Drive

City
BeavercreekState
OHZip Code
45434Purpose of Disbursement
Voided contribution of 9/10/2009Candidate Name
Rep. Steve AustriaCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: D90534

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

KAGEN 4 CONGRESS

Mailing Address 100 W. College Ave.

City State Zip Code
Appleton WI 54911Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Steve KagenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: D90683

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KAGEN 4 CONGRESS

Mailing Address 100 W. College Ave.

City State Zip Code
Appleton WI 54911Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Steve KagenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: D90684

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

CHILDERS FOR CONGRESS

Mailing Address PO BOX 177

City State Zip Code
BOONEVILLE MS 38829Purpose of Disbursement
Voided contribution of 6/24/09Candidate Name
Rep. Travis W ChildersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: D90533

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

-2750.00

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A. Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE**

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Zack SpaceCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: D90337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**B. Full Name (Last, First, Middle Initial)
EVAN BAYH COMMITTEE**

Mailing Address 850 FORT WAYNE AVENUE

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
Voided contribution of 10/22/09Candidate Name
Sen. Evan BayhCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: D90537

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	9

Amount of Each Disbursement this Period

-2500.00

**C. Full Name (Last, First, Middle Initial)
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Patty MurrayCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: D90686

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City
SEATTLEState
WAZip Code
98124Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Patty MurrayCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: D90296

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City
SEATTLEState
WAZip Code
98124Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Patty MurrayCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: D90297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City
WASHINGTONState
DCZip Code
20013Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Sherrod BrownCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: D90288

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Come Back PAC

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
Come Back PAC

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D90687

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)